



**Behavioral Health Consortium
Access & Treatment Committee**

Monday, March 18th, 2018

12:00-2:30P

St. Francis Hospital, Board Room

Welcome & Roll Call

Susan Cychk

Dr. Sandy Gibney

Whitney Wideman

Felicia Risill

Suzanne Heron

Sherry Nykiel

Ken Mantz

Jennifer August

David Sibley

Greg Valentine

Harris Marx

Valorie Thomas

Mark DeBussy

Mike Duffy

Sara Monnen

Amy Wood

John Mikenna

Traci Bolander

Daphne Warner

Avani Virani

Lizzie Lewis

Liz Brown

Annamarie McDermot

Lynn Fahey

I. Meeting Minute Approval

- a. A few adjustments were made to the meeting minutes and then they were approved
- b. Also Dr. Gibney made some rearrangements to the agenda, specifically moving the agency updates to the bottom and combining them with discussion for future topics

II. Update on Trauma Subcommittee Recommendations

- a. Jennifer August, head of the Trauma Subcommittee provided the group with information and data that was connected to a revision of their recommendations
 - i. Delaware has taken strides to become trauma informed through the Governor's trauma informed DE initiative and [Executive Order 24](#)
 - 1. Want the committee to work in coordination with this effort through proposed recommendations
 - ii. Recommendations
 - 1. Early Identification of Trauma in Child
 - a. Implementation of a screening tool such as ACES and ensuring that there is a method of reimbursement and a system of care
 - 2. Build on School-Based Counselor Programs
 - a. Expand the counselors
 - 3. Ensure Adequate Professional Development
 - a. Trauma training
 - 4. Training and Prevention of Sexual Abuse
 - a. PR campaign on how to prevent sexual abuse to help open the conversation about it
- b. Comments
 - i. How to make sure the recommendations are reflections of the mission of the committee
 - 1. Mainly focused on children but could also include adults
 - ii. More information on what Joint Commission Treatment Facility are trained in this way
 - iii. Needs Assessment and Gap Analysis needed to understand what is already happening and what is needed
 - 1. Specifically understanding how commercially insured patients get access to care
 - 2. Understanding how SUD residential and treatment facilities are already screening but have limited providers to refer to

III. Youth Survey Presentation (Daphne Warner, DPBHS)

- a. Deputy Director of DPBHS Daphne Warner presented an update on the work that DPBHS is doing around children
- b. Youth Survey:

- i. Contracted with UD to do an assessment to see what DE needs to provide SUD treatment to youth

1. This surveys and interviews will be done by June and the report should be finished by September

c. DPBHS

i. Prevention:

1. Have billboards and information
2. Work in community center to provide programming such as music, sports, Botvin to help build resilience (protective factors)

ii. Early Intervention:

1. Have early child Mental Health Consultants in early learning centers that work with teacher, family and child on issues
2. Family Crisis Therapist are in the elementary schools
3. Behavioral Health Consultants in middle schools
 - a. That work on helping the family get connected to resources in the community
4. DPH works with high schools through wellness centers

iii. Treatment:

1. Detailed information on these options are available:

<https://kids.delaware.gov/pbhs/families.shtml>

iv. Grants

1. System of Care Grant
 - a. 5 year grant; kids who have developmental disabilities and working with transitional youth
2. Partnership with DOE on grant
 - a. 5 year grant
3. Clinical High Risk Grant
 - a. 4 year grant; for child experiencing early psychosis
4. Delaware Psychiatry Grant
 - a. 5 year grant; connecting PCPs to psychiatrists
5. Opioid Grant

- a. Increase School Based Behavioral Health Consultants

v. Availability Resources

- 1. Crisis services is available to anyone while the treatment and other options require Medicaid eligibility

vi. Current Gaps

- 1. Children spend too much time in the hospital when they have no safe place to go
 - a. There is a need for an intermediary space that children can go instead of staying at the hospital
- 2. More resources and training is needed for trauma focused therapy
 - a. Community needs supports in this
- 3. Privately insured children's mental health benefits are often inadequate
 - a. Creates a gap in that children need services that the insurance won't cover that is too expensive for the parents to afford out of pocket
 - i. Sometimes they have to wait till the issues escalate and then are eligible for residential
 - b. Might want to make a recommendation out of this.
 - i. Work on expanding Mental Health Parity
 - c. Need to keep in mind that for privately insured people that typically employers are picking these plans
 - i. Need to figure out how to pay for reform especially when fee for service is not going to work
 - ii. Also have to ensure that rates are an incentive to engage the workforce
 - a. Possibly conduct a cost analysis of what services really cost

- iii. Pew Recommendations also speak to this issue
- iv. Want to make sure to not create too many rules that it inhibits work or requires a dynasty of people to manage

IV. DFS Presentation (Valerie Thomas)

- a. Discussed the history surrounding the creation of the Substance Exposed Infants (SEI) initiative that works to create a system of care for mothers who have used substances during pregnancy
 - i. Currently there are 10 SEI workers across the state that work with mothers and families on creating plans of safe care
 - 1. Plan of safe-care is a list of resources and not necessarily a plan
 - ii. Mothers are referred to the program if they self-admit to using substances or if they test positive for substances
 - 1. Currently have contractor who works with infants that have been exposed to only marijuana and have no other concerns
 - iii. Statistics
 - 1. 91% of the infants with the safe-care plan remained in the home (364 infants)
 - 2. Increase in
 - iv. Challenges that they face
 - 1. Timely access to treatment for clients; can get access to assessments but often have to wait for treatment
 - 2. Knowledge of plans for self-care among providers
 - a. Getting providers on board with these plans
 - i. ACOG of DE would be a great place to provide information on this initiative
 - 3. Working on a discharge plan to notify the various agencies and organizations of the closing of the case
- b. Comments
 - i. What is available to mothers who do not have any support

1. Suggestion of inclusion of peer support model which they might want to work with DSAMH on this

V. Agency Updates and Discussion of Future Topics

a. DSAMH

- i. Integration of care between hospital and community
- ii. FQHC having tools to provide MAT and then be able to refer to higher level of care as needed
- iii. Currently START initiative is grant funded so thinking about models of sustainability

b. Bridge Clinic

- i. Have been opened since January, Mon-Friday from 9-5pm
 1. Partnering with community members such as HERO Help and others to get people
 2. Have screened and assessed about 100 people
- ii. Piloting offering services through working with Brandywine Counseling to provide therapy while people wait to see a psychiatrist and do psychiatric evaluations
- iii. Challenges
 1. Gaps in follow-up care and issues with DTRN
- iv. Developments
 1. Looking to expand into the Kent and Sussex
 - a. Have identified space in Sussex and moving ahead there
 2. Gathering data on if hours should be extended
 - a. Currently Crisis is getting a lot of the calls
 - b. Currently working on gathering data to establish if there is a need for later hours

c. Topic: Importance of Sober Living Homes

- i. Comment from advocate stated that to them MAT was more harm reduction than treatment and that there should be an expansion of long-term treatment facilities
 1. Another acknowledged that MAT is not for everyone and that providers should not rush into to it

- a. Also suggested that those prescribing MAT should have a fundamental knowledge in SUD treatment
- 2. Limen House serves both MAT and sober living and both need intense services in early recovery to ensure they are being assisted through services
- d. SUN Behavioral Delaware
 - i. Open to receive feedback on services
 - ii. Will open a partial program in April
 - iii. Getting ready to open a new unit
 - iv. Committee would like more information on this
- e. Topic: Conversation on forced/involuntary treatment
 - i. Co-chair stated that this topic is outlined on the committee task list and that committee should work on deciding to support or not
 - 1. Committee wants to have experts to discuss medical and ethical implications and the capacity to do this
- f. Topic: Payment Reform
 - i. Want a fuller discussion on insurance and payment discussed earlier in the meeting
 - 1. Want experts to help guide this conversation
 - a. Suggestion to invite Insurance Commissioner
- g. Social Contract
 - i. Assisting with the trauma informed initiative through consulting with agencies to work toward being trauma informed
 - ii. Working to ensure that all groups are on the same page
- h. Gaudenzia
 - i. Women and Children program will open soon
 - 1. Building is ahead of schedule
 - 2. There will be 10 rooms that will allow up to 2 children in each room
- i. Subcommittees
 - i. Currently on hold as Mary Kane from Concept Systems and the Office of the Lt. Governor work on restructuring the committees

VI. Public Comment

VII. Next Steps

***Agenda is subject to change**

For questions regarding the agenda, please contact Sydney Garlick
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